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| Expression of Interest - member of the Suicide Prevention and Response Expert Advisory Committee |
| July 2022 |
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| **Name**  |  |
| **Telephone (provide at least one)** | Business [ ]  After Hours [ ]  Mobile [ ]  |
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| **Do you live in a regional/rural or metropolitan area?** |  |
| **Email Address** |  |
| Questions marked with an asterisk (\*) are optional. If you provide this information, it may be used by the Department of Health (the Department), the Department of Premier and Cabinet, and the Victorian Public Sector Commission (VPSC) to measure diversity in appointments and composition of bodies. |
| **Please indicate your expertise for joining the group** | Lived experience of suicide (suicidal thoughts and behaviour or attempt survivor, carers and family members, bereaved by suicide) [ ] Sector expertise and experience [ ] Both lived experience and sector expertise/experience [ ]  |
| **Gender\*** | Woman [ ]  Man [ ]  Self-described [ ]   |
| **Do you identify as Aboriginal or Torres Strait Islander? \*** | Yes – Aboriginal [ ]  Yes – Torres Strait Islander [ ] Yes – both Aboriginal and Torres Strait Islander [ ]  No [ ]  |
| **Were you or one of your parents born overseas? \*** | Yes [ ]  No [ ]  |
| **Your country of birth \*** |  |
| **Do you speak a language other than English at home? \*** | Yes [ ]  No [ ]  |
| **Do you have a culturally and linguistically diverse background? \***  | Yes [ ]  No [ ]  |
| **Do you identify as a person with a disability? \*** | Yes [ ]  No [ ]  |
| Statement Please write a statement of up to 400 words describing:* Your interest in joining the Suicide Prevention and Response Expert Advisory Committee
* The expertise, knowledge and insights you would bring
* What diverse perspectives you can represent, e.g. rural/regional Victorians, culturally diverse communities, people with disability and neurodiverse people, experience with a mental illness and/or alcohol and other drug concern
* What sector or industry you can represent
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| Further Information \*Please provide any further information or experience that may be relevant to your application.  |  |
| Self-care Do you have a self-care plan in place? What supports might you need to participate in the Expert Advisory Committee?Roses in the Ocean have [Self-care resources](https://rosesintheocean.com.au/resources-for-lived-experience-representatives/) |  |
| Referees Please provide details of two referees able to attest to your suitability to be a member of the Expert Advisory Committee.  |
| Referee 1 | Name: |
| Title: |
| Organisation: |
| Contact number: |
| Email (work email preferred): |
| LinkedIn or corporate URL weblink: |
| Referee 2 | Name: |
| Title: |
| Organisation: |
| Contact number: |
| Email (work email preferred): |
| LinkedIn or corporate URL weblink: |

**PRIVACY**

When you provide us with information about other individuals, we rely on you to make them aware that such information will or may be provided to us as part of the application process.

**CONSENT**

I consent to the Department’s use of personal information on this form (including any sensitive information such as racial or ethnic origin, and health information such as whether I have a disability) as part of administering appointments to statutory authorities and advisory committees. This information may be included in submissions to Cabinet and/or Governor in Council and shared with other Victorian public sector organisations involved in the administration of appointments. Where you do not provide the information required by this form, we may be unable to process your application. Should you wish to gain access to your personal information held by the Department of Health, please contact the Department’s Freedom of Information Unit via <foi@health.vic.gov.au> or 1300 366 356.

The Department requests your permission for this personal information to be shared between other government departments.

I also consent to providing a completed **Declaration of Private Interests** and **Deed of Confidentiality**.

I grant permission for inquiries that may be made to establish the accuracy of any of the information provided by me in this form and accompanying attachments and to determine my suitability for nomination and I understand that these inquiries will involve the disclosure of my information for these limited purposes. I understand that the Offices of the Minister and the Parliamentary Secretary, of the Department and selection panels may make these inquiries of any persons or organisations they consider appropriate.

Signature: (Can type, note you are submitting via email and add date) Date:

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| To receive this document in another format, phone, using the National Relay Service 13 36 77 if required, or email <suicide.prevention@health.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, July 2022. |